

**INSTRUCTIONS TO COMPLETE THE FINANCIAL CLOSEOUT REPORT
(CDA 180) rev 6/05**

SIGNATURE DOCUMENT

Enter the Area Agency Name, Closeout Period, PSA Number and Date.
Mark the box identifying the Programs covered by this Closeout Report.
Obtain Area Agency Director signature, in blue ink, print name and date the report.

PAGE 1 – SUMMARY REPORT OF ACTUAL COSTS
TITLE III ADMIN AND TITLE III PROGRAMS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

COST CATEGORIES

The lines in this section list the allowable cost categories and correspond with the Area Plan Budget.

Lines 1 through 7

For each cost category enter the costs directly incurred by the Area Agency for Area Plan Administration, Supportive Services (III B), Congregate Nutrition (III C-1), Home Delivered Nutrition (III C-2), Disease Prevention (III D), and Family Caregiver (III E).

Line 8

In each column, add the amounts from lines 1 through 7 and enter the Direct Area Agency Costs, separating cash from in-kind.

Line 9

Enter the amount of indirect costs charged to each program. Indirect costs must be supported by an approved indirect cost rate.

Line 10

In each column, add the amounts on line 8 to the amounts on line 9 and enter the Total Area Agency Costs, separating cash from in-kind.

Line 11

Enter the total costs of contracted services for each program. The amounts reported for Supportive Services (III B), Congregate Nutrition (III C-1), Home Delivered Nutrition (III C-2), Disease Prevention (III D), and Family Caregiver (III E) must agree with the amounts reported on pages 5, 6, 8, 9, 10, 12 and 13 of the closeout form.

Line 12

In each column, add the amounts on line 10 to the amounts on line 11 and enter the Total Title III Costs, separating cash from in-kind.

Line 13

In each column, add the Cash and In-Kind amounts reported on line 12, and enter the Total Cash & In-Kind.

Column (g) Total Title III Costs

For each line, add column (a) through (f) and enter the total in column (g).

PAGE 2– SUMMARY REPORT OF ACTUAL COSTS **TITLE III, TITLE VII AND COMMUNITY-BASED SERVICES PROGRAMS (CBSP)**

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

COST CATEGORIES

The lines in this section list the allowable cost categories and correspond with the Area Plan Budget.

Lines 1 through 7

For each cost category, enter the costs directly incurred by the Area Agency for Title VII Ombudsman, Title VII Elder Abuse, and Community Based Services.

Line 8

In each column, add the amounts from lines 1 through 7 and enter the Direct Area Agency Costs, separating cash from in-kind.

Line 9

Enter the amount of indirect costs charged to each program. Indirect costs on line 9, Cash, column (e), are limited to 8% of Total Direct Area Agency cash costs on line 8, Cash, column (e). Indirect costs must be supported by an approved indirect cost rate. Indirect costs in excess of 8% may be reported as in-kind and used to meet the matching requirements.

Line 10

In each column, add the amounts on line 8 to the amounts on Line 9 and enter the Total Area Agency Costs, separating cash from in-kind.

Line 11

Enter the total costs of contracted services for each program. The amounts reported for Title VII Ombudsman, Title VII Elder Abuse and Community Based Services must agree with the amounts reported on pages 10, 14 and 15 of the closeout form.

Line 12

Add the amounts on line 10 to the amounts on line 11 and enter the Total Area Plan Costs, separating cash from in-kind.

Line 13

Add the Cash and In-Kind amounts reported on line 12, and enter the Total Cash & In-Kind for each of the columns (a) through (h).

Column (c) Total Title VII

For each line, add column (a) and (b) and enter the total in column (c).

Column (d) Total Title III

For each line, enter the amounts from page 1, column (g) in column (d).

Column (e) Total Title III & VII

For each line, add column (c) and (d) and enter the total in column (e).

Column (g) Total III, VII & CBSP

For each line, add column (e) and (f) and enter the total in column (g).

PAGE 3 – SUMMARY REPORT OF FUNDING
TITLE III, VII & COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

SECTION A - FUNDING SOURCES (Title III only)

The lines in this section list the allowable sources of funding that may be used to cover the actual costs on page 1. The columns provide space to enter the distribution of funds to Area Plan Administration, Supportive Services (III B), Congregate Nutrition (III C-1), Home Delivered Nutrition (III C-2), Disease Prevention (III D), and Family Caregiver (III E).

Line 1

Enter on this line, in the appropriate column, the amount of income generated by Title III programs, e.g., contributions from clients and sales of assets. Do not

include interest earned on grant funds.

Line 2

Enter the amount of NSIP Cash earned for eligible meals served. Include in this amount all NSIP funds earned even if they have not yet been received.

Line 3

Enter on this line, in the appropriate column, local funding received, cash and in-kind, that does not qualify as matching contributions and/or is not being reported as matching contributions (e.g., Title V, Title XX, overmatch). Include interest earned on grant funds.

Line 4

Enter on this line, in the appropriate column, the amount of State funding received from General Funds during the fiscal year.

Line 5

Enter on this line, in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.

Line 6

Enter on this line, in the appropriate column, the amount of Federal III E Grandparent funds received. Include cash and unearned funds from prior years being applied to this fiscal year.

Line 7

Enter on this line, in the appropriate column, the amount of Other Federal funds received, excluding III E Grandparent. Include cash and unearned funds from prior years being applied to this fiscal year.

Line 8

Add the amounts on lines 1 through 7 and enter in the appropriate column the Total Title III Funding received, separating cash from in kind.

Line 9

Add the Cash and In-Kind amounts reported on line 8, and enter the Total Cash & In-Kind for each of the columns.

Column (g) Total Title III

For each line, add column (a) through (f) and enter the total in column (g).

SECTION B - FUNDING SOURCES (Title III, Title VII & CBSP)

The lines in this section list the allowable sources of funding that may be used to cover the actual costs on page 2. The columns provide space to enter the distribution of funds to Title VII Ombudsman, Title VII Elder Abuse, Total Title III (from page 3, column (g)) and Community Based Services.

Line 10

Enter on this line, in the appropriate column, the amount of income generated by Title VII, Title III and Community Based Services programs, e.g., contributions from clients and sales of assets. Do not include interest earned on grant funds.

Line 11

In column (k) enter the amount of NSIP Cash (from page 3, column (g)).

Line 12

Enter on this line, in the appropriate column, local funding received, cash and in-kind, that does not qualify as matching contributions and/or is not being reported as matching contributions (e.g., Title V, Title XX, overmatch). Include interest earned on grant funds.

Line 13

Enter on this line, in the appropriate column, the amount of State funding received from General Funds during the fiscal year.

Line 14

Enter on this line, in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.

Line 15

Enter on this line, in column (k), the amount of Federal III E Grandparent funds received (from page 3, column (g)).

Line 16

Enter on this line, in the appropriate column, the amount of Other Federal funds received, excluding III E Grandparent. Include cash and unearned funds from prior years being applied to this fiscal year.

Line 17

Add the amounts on lines 10 through 16 and enter in the appropriate column the Total Area Plan Funding received, separating cash from in kind.

Line 18

Add the Cash and In-Kind amounts reported on line 17, and enter the Total Cash & In-Kind for each of the columns.

Column (j) Total Title VII

For each line, add column (h) and (i) and enter the total in column (j).

Column (k) Total Title III

For each line, enter the amounts from page 3, column (g) in column (k).

Column (l) Total Title III & VII

For each line, add column (j) and (k) and enter the total in column (l).

Column (n) Total III, VII & CBSP

For each line, add column (l) and (m) and enter the total in column (n).

PAGE 4 – MATCHING CONTRIBUTIONS & ADEQUATE PROPORTION

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

SECTION A - AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS

List the agencies contributing matching funds to the Area Agency for its own administration. Enter the amounts, separating Cash from In-Kind. Enter the total for each line.

SECTION B - LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

List the public agencies contributing matching funds to satisfy the requirement in Section C. Include public agencies providing funding to the Area Agency and/or to service providers. Enter the amounts, separating Cash from In-Kind. Enter the total for each line.

SECTION C – MINIMUM TITLE III MATCHING REQUIREMENTS

In this section, calculate the minimum matching requirements for Area Plan Administration and Title III programs. Use the following formulas to calculate Costs to be Matched, Minimum Required Match, and Required Local Public Agencies Matching:

Column (a) - Area Plan Admin

Line 1 - Costs to be Matched

Page 1, column (a), line 13, minus page 3, column (a), lines 3 and 4. Enter the total on line 1.

Column (b) - Title III B, C, & D Programs

Title III B, C, & D Matching Contributions may be pooled to meet minimum matching requirements.

Line 1 - Costs to be Matched

Page 1, line 13, add column (b), column (c), column (d), and column (e), then subtract page 3, lines 1 through 4, column (b), column (c), column (d), and column (e). Enter the total on line 1.

Column (c) - Title III E Programs

Line 1 - Costs to be matched

Page 1, column (f), line 13, minus page 3, column (f), line 1 through line 4. Enter the total on line 1.

Line 3 - Minimum Required Match

For column (a), column (b) and column (c) multiply line 1 by line 2. Enter the results for each column on line 3. Add line 3 across column (a), column (b) and column (c) and enter the total in column (d).

Line 4 - Required Local Public Agencies Matching

Multiply line 3, column (d) Total Minimum Matching by 25%. Enter the result on line 4. This is the minimum amount of match that must be provided by local public agencies, e.g., city and county governments, utility districts, transportation districts and other public agencies. Private Non-Profit agencies do not meet this requirement. The Total amount from Section B above must equal or exceed the amount on line 4.

SECTION D – MINIMUM CBSP MATCHING REQUIREMENTS

In this section, calculate the minimum matching requirements for the Brown Bag and ADCRC programs.

Line 1 – State Funds

Enter the funds earned from State General Fund.

***Note: The same amount for Brown Bag will be entered in columns (a) & (b).

Line 3 - Minimum Required Match

For column (a), column (b) and column (c) multiply line 1 by line 2. Enter the result for each column on line 3.

SECTION E - ADEQUATE PROPORTION CALCULATION FOR PRIORITY SERVICES

Line 1

Enter the amount from page 5, Total III B Supportive Services, column (h).

Line 2

Enter the amount from page 5, Ombudsman (Direct & Contracted), column (h).

Line 3

Enter the amount of III B One-Time-Only, Other Supportive Services from the Area Plan Budget Display.

Line 4

Subtract lines 2 and 3 from line 1. Enter the total on line 4.

Priority Services

In this section, report the Federal Share amounts and calculate the percentages of Title III B Supportive Services funds expended on priority services. **One-Time-Only funding should not be included in this section.**

Lines 5 through 9

Enter the amount of Federal Share expended for each of the listed Access services, excluding OTO.

Line 10

Add lines 5 through 9. Enter the total on line 10. To calculate the % of Base for Access divide line 10, Total Access, Federal Share by the amount on line 4. In the appropriate column enter the approved percentages from the Area Plan. The % of Base must equal or exceed the Approved Percentage.

Lines 11 through 18

Enter the amount of Federal Share expended for each of the listed In-Home services, excluding OTO.

Line 19

Add lines 11 through 18. Enter the total on line 19. To calculate the % of Base for In-Home divide line 19, Total In-Home, Federal Share by the amount on line 4. In the appropriate column enter the approved percentages from the Area Plan. The % of Base must equal or exceed the Approved Percentage.

Line 20

Enter the amount of Federal Share expended for Legal Assistance, excluding OTO. To calculate the % of Base for Legal Assistance divide line 20, Federal Share by the amount on line 4. In the appropriate column enter the approved percentages from the Area Plan. The % of Base must equal or exceed the Approved Percentage.

PAGE 5 - SCHEDULE OF SUPPORTIVE SERVICES (III B)

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

PART I – DIRECT SERVICES

List the Supportive Services provided directly by the Area Agency and the costs and funding for each service listed. Do not include Title VII Ombudsman or Title VII Elder Abuse Prevention. Program Development and Coordination are listed for you.

Column (a)

Enter total actual costs for each program provided.

Columns (b) through (g)

Enter the actual funding received as appropriate for each program provided.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

Total Direct III B Services

Add the program amounts and enter the total on this line for each column.

PART II – CONTRACTED SERVICES

For each of the listed III B Supportive Services contracted out by the Area Agency enter the costs and funding. Instructions for each column are the same as for Part I.

Total Contracted III B Services

Add the program amounts and enter the total on this line for each column.

Total III B Supportive Services

Add the Total Direct III B and Total Contracted III B Services for each column. The amount in column (a) must be equal to the amount on page 1, column (b), line 13.

PAGE 6 – SCHEDULE OF SUPPORTIVE SERVICES COSTS (IIIB) CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers. Contractors should be listed in the far left section of the page. Enter the contract number under the Contractor name. Enter the NAPIS program service provided.

Column (a)

Enter the total costs for each program listed.

Column (b) through (g)

Enter the actual funding amounts as appropriate for each program listed.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

TOTAL SUPPORTIVE SERVICES

Add the Contractor expenditure amounts and enter the total on this line for each column.

PAGE 7 - SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

III C-1

Complete this part for all congregate nutrition programs of the AAA, including those provided directly and contracted out.

Column (a)

Enter the total costs for each program listed.

Column (b) through (h)

Enter the actual funding amounts as appropriate for each program listed.

Column (i)

Calculate the Federal Share by subtracting columns (b) through (h) from column (a).

Total III C-1

Add the program amounts under this category and enter the total on this line for each column. The amount in column (a) must be equal to the amount on page 1, column (c), line 13.

III C-2

Complete this part for all home-delivered nutrition programs of the AAA, including those provided directly and contracted out. Instructions for each column are the same as for Title III C-1 above.

Total III C-2

Add the program amounts under this category and enter the total on this line for each column. The amount in column (a) must be equal to the amount on page 1, column (d), line 13.

III D

Complete this part for all Disease Prevention & Health Promotion programs of the AAA (Nutrition Counseling, Nutrition Education, Disease Prevention & Health Promotion, and Medication Management), including those provided directly and contracted out. Instructions for each column are the same as for Title III C-1 above.

Total III D

Add the program amounts under this category and enter the total on this line for each column. The amount in column (a) must be equal to the amount on page 1, column (e), line 13.

CONGREGATE NUTRITION SECTION

Complete this part for all congregate nutrition programs of the AAA, including those provided directly and contracted out.

COST CATEGORIES

The lines in this section list allowable cost categories for Congregate Nutrition. Report the actual costs for congregate nutrition services (direct and contracted) provided by the Area Agency and/or the service providers for each category listed.

TOTAL III C-1 COSTS

Enter the total amount of column (j), Total Costs on this line.

HOME DELIVERED NUTRITION SECTION

Complete this part for all home delivered nutrition programs of the AAA, including those provided directly and contracted out.

COST CATEGORIES

The lines in this section list allowable cost categories for Home Delivered Nutrition. Report the actual costs for home delivered nutrition services (direct and contracted) provided by the Area Agency and/or the service providers for each category listed.

TOTAL III C-2 COSTS

Enter the total amount of column (k), Total Costs on this line.

PAGE 8 - SCHEDULE OF CONGREGATE NUTRITION (III C-1) CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers. Congregate Nutrition contractors should be listed in the far left section of the page. Include the contract number and NAPIS program (Congregate Meals, Nutrition Counseling, and Nutrition Education) under the Service Provider name.

Column (a)

Enter the total costs for each program listed.

Column (b) through (h)

Enter the actual funding amounts as appropriate for each program listed.

Column (i)

Calculate the Federal Share by subtracting columns (b) through (h) from column (a).

TOTAL CONGREGATE

Add the Contractor expenditure amounts and enter the total on this line for each column.

PAGE 9 - SCHEDULE OF HOME DELIVERED NUTRITION (III C-2) CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers. Home Delivered Nutrition contractors should be listed in the far left section of the page. Include the contract number and NAPIS program (Home-Delivered Meals, Nutrition Counseling, and Nutrition Education) under the Service Provider name.

Column (a)

Enter the total costs for each program listed.

Column (b) through (h)

Enter the actual funding amounts as appropriate for each program listed.

Column (i)

Calculate the Federal Share by subtracting columns (b) through (h) from column (a).

TOTAL HOME DELIVERED

Add the Contractor expenditure amounts and enter the total on this line for each column.

PAGE 10 - SCHEDULE OF DISEASE PREVENTION (III D), VII OMBUDSMAN & VII ELDER ABUSE PREVENTION CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers by program. Disease Prevention (III D), Title VII Ombudsman, and Title VII Elder Abuse Prevention contractors should be listed in the far left section of the page. Enter the contract number under the Contractor name. For Disease Prevention (III D), enter the NAPIS program service provided (Disease Prevention and Health Promotion, Nutrition Counseling, Nutrition Education, and Medication Management).

Column (a)

Enter the total costs for each program listed.

Column (b) through (g)

Enter the actual funding amounts as appropriate for each program listed.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

TOTAL DISEASE PREVENTION

Add the Disease Prevention (III D) contractor expenditure amounts and enter the total on this line for each column.

TOTAL VII OMBUDSMAN

Add the Ombudsman (VII) contractor expenditure amounts and enter the total on this line for each column.

TOTAL VII ELDER ABUSE PREVENTION

Add the Elder Abuse Prevention (VII) contractor expenditure amounts and enter the total on this line for each column.

PAGE 11 - SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

For each of the listed III E Support Services provided directly by the Area Agency enter the costs and funding.

Column (a)

Enter total actual costs for each program provided.

Columns (b) through (g)

Enter the actual funding received, as appropriate, for each program provided.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

Total Service Information

Add the program amounts under this category and enter the total on this line for each column.

Total III E Access

Add the program amounts under this category and enter the total on this line for each column.

Total Caregiver Support

Add the program amounts under this category and enter the total on this line for each column.

Total Supplemental Services

Add the program amounts under this category and enter the total on this line for each column.

Total III E Direct Services

Add the total amounts from each category (Total Service Information, Total III E Access, Total Caregiver Support, III E Respite Care Services and Total Supplemental Services) and enter the total on this line for each column.

PAGE 12 - SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

For each of the listed III E Support Services contracted out by the Area Agency enter the costs and funding.

Column (a)

Enter total actual costs for each program provided.

Columns (b) through (g)

Enter the actual funding received, as appropriate, for each program provided.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

Total Service Information

Add the program amounts under this category and enter the total on this line for each column.

Total III E Access

Add the program amounts under this category and enter the total on this line for each column.

Total Caregiver Support

Add the program amounts under this category and enter the total on this line for each column.

Total Supplemental Services

Add the program amounts under this category and enter the total on this line for each column.

Total III E Contracted Services

Add the total amounts from each category (Total Service Information, Total III E Access, Total Caregiver Support, III E Respite Care Services and Total Supplemental Services) and enter the total on this line for each column.

Total III E Direct & Contracted Services

Add Total III E Direct Services (from page 11) and Total III E Contracted Services amounts and enter the total on this line for each column. The amounts on this line must be equal to the amount on page 1, column (f), line 13.

PAGE 13 - SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E)
CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers. Contractors should be listed in the far left section of the page. Enter the contract number under the Contractor name. Enter the NAPIS program service provided.

Column (a)

Enter total actual costs for each program provided.

Columns (b) through (g)

Enter the actual funding received, as appropriate, for each program provided.

Column (h)

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

TOTAL III E CONTRACTED SERVICES

Add the Contractor expenditure amounts and enter the total on this line for each column. The amounts on this line must be equal to the amounts on page 12, Total III E Contracted Services.

PAGE 14 - SCHEDULE OF COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

PART I – DIRECT SERVICES

For each of the listed Community-Based Services the Area Agency provides directly, enter the costs and funding.

Column (a)

Enter total actual costs for each program listed.

Columns (b) through (g)

Enter the actual funding received, as appropriate, for each program listed.

Total Direct Services

Add the program amounts and enter the total on this line for each column.

PART II – CONTRACTED SERVICES

For each of the listed Community-Based Services contracted out by the Area Agency enter the costs and funding. Instructions for each column are the same as for Part I.

Total Contracted Services

Add the program amounts and enter the total on this line for each column.

Total Direct & Contracted Community-Based Services Programs

Add the Direct and Contracted Services amounts for each column.

The amount in column (a) must be equal to the amount on page 2, column (f), line 13.

PAGE 15 - SCHEDULE OF COMMUNITY-BASED SERVICES PROGRAMS (CBSP) CONTRACTORS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report detailed expenditure information on individual service providers. Contractors should be listed in the far left section of the page. Include the contract number under the Service Provider name. Enter the program service provided.

Column (a)

Enter total actual costs for each program provided.

Columns (b) through (g)

Enter the actual funding received as appropriate for each program provided.

TOTAL CBSP CONTRACTED SERVICES

Add the Contractor expenditure amounts and enter the total on this line for each column. The amounts on this line must be equal to the amounts on page 14, Total Contracted Services.

PAGE 16 - CLOSEOUT FOR FEDERAL& NSIP ONE-TIME-ONLY

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

On this page, report the amount of federal one-time-only costs for Supportive Services (III B), Congregate Nutrition (III C-1), Home Delivered Nutrition (III C-2), Family Caregiver (III E), Disease Prevention (III D), Ombudsman (VII Omb), Elder Abuse (VII EAP), and NSIP (III C-1 & III C-2) programs.

III B

Complete this part for all III B Supportive Services programs of the AAA.

Budget Display

For each program list the amount of one-time-only funds from the final approved Area Plan Budget.

Federal Share

Enter the federal share of costs for each program. **The federal share of costs reported here must be incorporated into pages 1-13 and page 17 of the Financial Closeout Report as appropriate.**

Unexpended Amount

Calculate the Unexpended Amount by subtracting Federal Share from Budget Display.

Total III B OTO

Add the program amounts and enter the total on this line for each column. The Federal Share amount on this line must equal the amount on the latest Budget Display.

III C-1

Complete this part for all III C-1 Congregate Nutrition programs of the AAA. Instructions for each column are the same as for III B above.

III C-2

Complete this part for all III C-2 Home Delivered Nutrition programs of the AAA. Instructions for each column are the same as for III B above.

NSIP

Complete this part for the NSIP (III C-1 and III C-2) programs of the AAA. Instructions for each column are the same as for III B above.
Note: There is no Total line for this section.

III E

Complete this part for all III E Family Caregiver programs of the AAA. Instructions for each column are the same as for III B above.

III D

Complete this part for all III D Disease Prevention programs of the AAA. Instructions for each column are the same as for III B above.

VII

Complete this part for the VII Ombudsman and VII Elder Abuse programs of the AAA. Instructions for each column are the same as for III B above.

***Note: There is no Total line for this section.

PAGE 17 - FEDERAL SHARE OF COSTS

Heading: Enter the contract period, contract number, date of the closeout, and the PSA number.

This is a summary of the figures reported on pages 1-16 of the closeout report. The information provided here will be used to determine the federal share of costs.

Lines 1 through 4

In column (a) through (h) report the actual costs and funding for Title III B Supportive Services. On the appropriate lines report III B Administration costs, III B Ombudsman costs and all III B Other program costs. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a). Total these costs on line 4 for each column.

Lines 5 through 7

In column (a) through (h) report the actual costs and funding for Title III C-1 Congregate Nutrition. On the appropriate lines report III C-1 Administration costs and all III C-1 program costs. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a). Total these costs on line 7 for each column.

Lines 8 through 10

In column (a) through (h) report the actual costs and funding for Title III C-2 Home Delivered Nutrition. On the appropriate lines report III C-2 Administration costs and all III C-2 program costs. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a). Total these costs on line 10 for each column.

Line 11

In column (a) through (h) report the actual costs and funding for Title III D Disease Prevention. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a).

Line 12 through 14

In column (a) through (h) report the actual costs and funding for Title III E Family Caregiver. On the appropriate lines report III E Administration costs and all III E program costs. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a). Total these costs on line 14 for each column.

Line 15 – Total Title III

Add the amounts reported on lines 4, 7, 10, 11, and 14 and enter on line 15.
This is the Total Title III costs and funding.

Line 16

In column (a) through (h) report the actual costs and funding for Title VII Ombudsman. Calculate Federal Share, column (i) by subtracting column (b) through (h) from column (a).

Line 17

In column (a) through (h) report the actual costs and funding for Title VII Elder Abuse Prevention. Calculate Federal Share, column (i) by subtracting columns (b) through (h) from column (a).

Line 18 – Total Title VII

Add the amounts reported on lines 16 and 17 and enter on line 18.

Line 19 – Total Title III & VII

Add the amounts reported on lines 15 and 18 and enter on line 19.

Line 20

In column (a) through (h) report the actual costs and funding for Community-Based Services. There is no Federal Share of Costs for CBSP.

Line 21 – Total Title III, VII & CBSP

Add the amounts reported on lines 19 and 20 and enter on line 21.